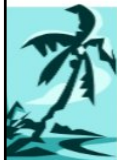


ADHS/HSAG Two-Day OASIS Training

Conventions/Timing/Questions Through MO100

Kathy Bailey, LMSW
Clinical Quality Specialist
Health Services Advisory Group (HSAG)
April 22, 2008

Information for Health Care Improvement



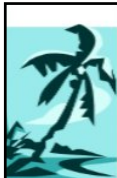
OASIS

What Is OASIS?

- Outcome and ASsessment Information Set
- Data collection tool
- 70+ items/questions used to collect patient-specific information
- Medicare/Medicaid data are submitted to the state

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OASIS

Why OASIS Is Important?

- Data are used by CMS and agency to measure quality
 - Outcome Based Quality Improvement (OBQI)
 - Outcome Based Quality Monitoring (OBQM)—Adverse Events
- Data are used by CMS and other payers for payment
 - Prospective Payment System (PPS)
 - Other payers payment models

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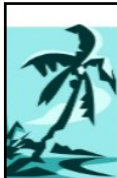
OASIS

Why OASIS Is Important?

- Data are used for survey and audits
 - State surveyors focus survey action based on agency-level reports
 - Office of Inspector General and other auditors use data for potential error or fraud detection
- Data are used by consumers
 - *Home Health Compare* data helps patients decide which agency to select as their home care provider
- Data are used by the agency
 - Case Mix Report directs agency decisions about program development and quality improvement focus
 - Patient outcomes direct quality initiatives—improve patient care
 - Agency's good outcomes can attract business and potential employees

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OASIS

OASIS Required Populations

- CMS requires OASIS data collection on skilled Medicare and Medicaid patients
 - Not pediatric, maternity, known one-visit, or personal care patients UNLESS the payer needs the Home Health Resource Group (HHRG) for payment
- OASIS data collection on private pay patients is optional
 - Agency policy may require OASIS on private pay
- If private pay and Medicare/Medicaid
 - OASIS required

(CMS Q&As Cat 2 Q44 & Cat 1 Q11, Comprehensive Assessment Requirements for MC-Approved HHAs)

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OASIS

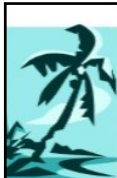
OASIS Conventions

- **Usual Status/Most of the Time**
 - Report patient's usual status during assessment time frame
 - The patient's status may change from day to day or during a given day
 - If ability varies, select response reflecting what's true most of the time during the day under consideration
 - Greater than 50 percent of the time

(Chapter 8, page preceding MO640)

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OASIS

OASIS Conventions

- **Skip Patterns**
 - Correct use important
 - Skips items not relevant to patient
 - Quicker completion
- **No Reference to Prior Assessments**
 - To standardize data collection each assessment should be an independent observation at the time point
 - Looking back at prior assessments may bias clinician and influence MO response selected
 - Exception: Historical data that can not be obtained through assessment

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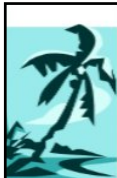
OASIS

OASIS Conventions

- **Minimize the Use of NA/Unknown**
 - Only use when no other response is possible or appropriate
 - If patient refuses to answer, don't automatically select NA/Unknown
 - If NA/Unknown response selected, patient outcome can't be computed

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OASIS

OASIS Conventions

- **Direct Observation is Preferred**
 - The more you observe, the more accurate the assessment
 - When the assessment is accurate, payment and quality outcomes are accurate
 - Problems with relying solely on interview
 - Patients don't truly understand question
 - Patients are not skilled at clinical assessment
 - Patients may consciously or unconsciously mislead clinician
 - Combined observation-interview approach may be needed
 - MO580, When Anxious
 - Patient or in-home caregiver primary source for interview

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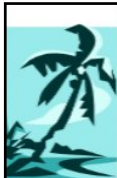
OASIS

OASIS Conventions

- **Mark All that Apply**
 - Agency quality initiatives depend on complete data
 - Mark all that apply but only when noted
 - **Example:** MO895 Reason for Hospitalization

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OASIS

OASIS Conventions

- Time Period or Visit Under Consideration
 - Select response that reflects patient usual status or condition on the day of assessment unless otherwise indicated
- Each MO item has a specific assessment time period
- Most are “Day of Assessment”
- Total of seven different assessment time periods

(CMS Q&As Cat 4a Q17)

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OASIS

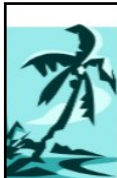
MO Item Assessment Time Periods

- Day of Assessment
 - = 24 hours preceding and including the assessment visit
- OASIS scoring is based on the patient’s usual status, circumstance, or condition

(CMS Q&As Cat 4a Q17)

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OASIS

M0 Item Assessment Time Periods

- **Other different time periods**
 - Day of Assessment & Recent Pertinent Past
 - During the Past 14 Days
 - Since the Last Time Oasis Data Were Collected
 - Prior to the Inpatient Stay **or** Prior to the Change in Medical or Treatment Regimen
 - 14 Days Prior
 - Current 60-Day Episode or Subsequent 60-Day Episode

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OASIS


M0 Item Assessment Time Periods


Day of Assessment & Recent Pertinent Past

- **Example:** MO580 When Anxious
- Report anxiety observed during assessment visit
- Report anxiety reported by patient or caregiver
- You will determine if reported information occurred within a timeframe pertinent to patient's present condition
- Same for Depressive Feelings and Confusion

(CMS Q&As Cat 4b Q124)

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MO Item Assessment Time Periods


During the Past 14 Days—14-Day

(Period Immediately Preceding the date of the Assessment)

- OASIS scoring should be based on events or circumstances that occurred within the 14-day period (span of 14 days) immediately preceding the date of assessment
- **Example:** MO510—Urinary Tract Infection
- Determine 14-day timeframe by counting back 14 days from the SOC, ROC, or Discharge assessment date
- In addition to the preceding 14 days, events or circumstances occurring on the Day of the Assessment (Day 0) should also be considered in this item

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MO Item Assessment Time Periods

AT SOC/ROC: “14-Day Period Immediately Preceding the SOC/ROC”

14 days immediately preceding the SOC/ROC


SOC/ROC date

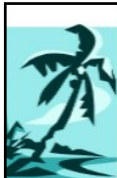
Sun	Mon	Tue	Wed	Thur	Fri	Sat
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28

Report inpatient D/C's during these 14 days

Note: Also include DC from inpatient facilities that occur on same day as SOC/ROC

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OASIS

MO Item Assessment Time Periods

Since the Last Time Oasis Data Were Collected

- OASIS scoring should be based on events or circumstances which occurred since the last OASIS data collection time point. This time period could include a period of up to 60 days
- Includes current events
- **Example:** MO830—Emergent Care

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OASIS


MO Item Assessment Time Periods

Prior to the Inpatient Stay or Prior to the Change in Medical or Treatment Regimen

- OASIS scoring should be based on events, circumstances or status of the patient prior to the specific events identified
- **Example:** MO220—Conditions Prior to Medical or Treatment Regimen Change or Inpatient Stay Within Past 14 Days

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MO Item Assessment Time Periods

14 Days Prior

- OASIS scoring should be based on the patient's status 14 days before the SOC/ROC (i.e. status on a single day, which occurred 14 days before the assessment)— Adhere rigidly to the 14-day criterion
- **Example:** MO720—Planning and Preparing Light Meals (prior)

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MO Item Assessment Time Periods

- **AT SOC/ROC: “14 Days Prior”**

Report status on this one day


→

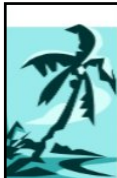
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1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28

SOC/ROC date

→

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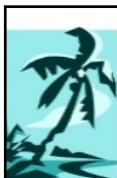

OASIS

Comprehensive Assessment

- Condition of Participation 484.55
Comprehensive Assessment of Patients
- Must be completed in timely manner
 - Consistent with patient's immediate needs
 - No later than five days after Start of Care (SOC)
 - SOC = "day 0"
 - SOC = date of the first billable service
 - May not be completed before the SOC date
 - Does not have to be started or completed on the SOC date, but usually is

(CMS OASIS Q&As Cat 2 Q51 & Cat 4b Q23.1)

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OASIS

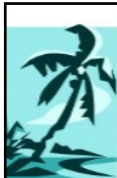
Who Completes The Comprehensive Assessment?

- At SOC, if nursing is ordered, the RN must complete the comprehensive assessment
- If no nursing orders exist, PT or SLP may complete the assessment on Medicare patients
- OT may complete it on non-Medicare patients at SOC, if payer allows
- After SOC, any discipline may complete the subsequent assessments
- Agency policy may be more restrictive than the federal regulations
 - Example: Agency may require all comprehensive assessments be completed by RNs

(Conditions of Participation 484.55, CMS OASIS Q&As Cat 2 Q51)

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OASIS


Completing The Assessment


Must be completed by one clinician

- If two clinicians are seeing the patient at the same time,
 - Reasonable to confer about the interpretation of assessment data
 - Reasonable for the clinician performing the assessment to follow-up on any observations of patient status reported by other agency staff
- Clerical staff may enter demographic and agency ID items—assessing clinician must verify accuracy
- Assessment, however, is the responsibility of one clinician—RN, PT, OT, or SLP

(CMS OASIS Q&As Cat 2 Q52)

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OASIS

MO010


- 037_ _ _ _

OASIS ITEM:
(M0010) Agency Medicare Provider Number: _ _ _ _ _
DEFINITION:
Agency's Medicare provider number

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Two-Day OASIS Training




OASIS


MO012

- AHCCCS number
- Leave blank if not provider

OASIS ITEM:
(M0012) Agency Medicaid Provider Number: _____
DEFINITION:
Agency's Medicaid provider number

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OASIS

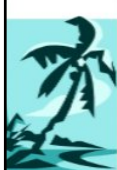
MO014

- AZ

OASIS ITEM:
(M0014) Branch State: __ __
DEFINITION:
The State where the agency branch office is located.

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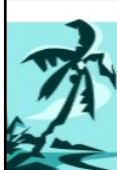
MO016

- Assigned branch ID number
- Leave blank if no branches

OASIS ITEM:
(M0016) Branch ID: _____
DEFINITION:
Branch identification code, as assigned by the Centers for Medicare & Medicaid Services (CMS). As assigned by CMS, the identifier consists of 10 digits – the State code as the first two digits, followed by Q (upper case), followed by the last four digits of the current Medicare provider number, ending with the three-digit CMS-assigned branch number.

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OASIS

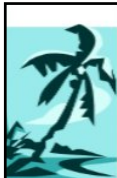
MO020

- Agency specific patient code
- Should be consistent throughout episode of care
- If number is shorter than spaces, leave remaining blank

OASIS ITEM:
(M0020) Patient ID Number: _____
DEFINITION:
Agency-specific patient identifier. This is the identification code the agency assigns to the patient and uses for record keeping purposes for this episode of care.

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OASIS


MO030


- Date of first reimbursable service

OASIS ITEM:
(M0030) Start of Care Date: month / day / year

DEFINITION:
The date that reimbursable care begins. When the first reimbursable service is delivered, this is the start of care.

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OASIS


MO032


- Patient returns to service after an inpatient facility stay
- At SOC mark N/A
- If agency always discharges patient upon inpatient admission, no ROC date will occur

OASIS ITEM:
(M0032) Resumption of Care Date: month / day / year ☐ NA – Not Applicable

DEFINITION:
The date of the first visit following an inpatient stay by a patient currently receiving service from the home health agency.

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OASIS


MO040

- Patient's legal name

OASIS ITEM:
(M0040) Patient Name: (First) _____ (MI) _____ (Last) _____ Suffix)
DEFINITION:
The full name of the patient: first name, middle initial, last name, and suffix (e.g., Jr., III, etc.).

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OASIS

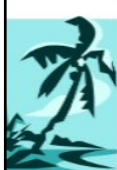
MO050

- Postal Code abbreviation of the state the patient is currently residing even if it is not the legal residence

OASIS ITEM:
(M0050) Patient State of Residence: ____
DEFINITION:
The State in which the patient is currently residing while receiving home care.

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OASIS

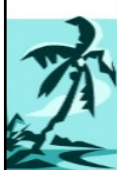
MO060

- Zip code of where patient is receiving home care services

OASIS ITEM:
(M0060) Patient Zip Code: _____
DEFINITION:
The zip code for the address at which the patient is currently residing while receiving home care.



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OASIS


MO063

- Number identified as “Claim Number” on patient’s ID card
- Do NOT enter a Medicare HMO number-mark N/A instead

OASIS ITEM:
(M0063) Medicare Number: _____ <input type="checkbox"/> NA – No Medicare (including suffix, if any)
DEFINITION:
For Medicare patients only. The patient’s Medicare number, including any prefixes or suffixes. Use RRB number for railroad retirement program.



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OASIS

MO064

- Mark UK if unknown or patient refuses to provide


OASIS ITEM:

(M0064) Social Security Number: ____-____-____
☐ UK - Unknown or Not Available


DEFINITION:

Refers to the patient's Social Security number only.

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CMS
CENTERS for MEDICARE & MEDICAID SERVICES



OASIS

MO065

- Number on AHCCCS ID card


OASIS ITEM:

(M0065) Medicaid Number: _____ ☐ NA - No Medicaid


DEFINITION:

The patient's Medicaid number only.

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CMS
CENTERS for MEDICARE & MEDICAID SERVICES



OASIS

MO066

- Patient's birth date


OASIS ITEM:


(M0066) Birth Date: month / day / year

DEFINITION:

Birthdate of the patient, including month, day, and four digits for the year.

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OASIS

MO069

OASIS ITEM:


(M0069) Gender:

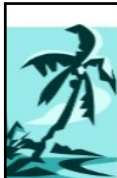
☐ 1 - Male
☐ 2 - Female

DEFINITION:

The gender of the patient.

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MO072

- Referring Physician UPIN
- If referring physician is different than physician signing plan of care, use physician signing plan of care

OASIS ITEM:
<div style="display: flex; justify-content: space-between;"> (M0072) Primary Referring Physician ID: <input type="checkbox"/> UK – Unknown or Not Available </div> <div style="border-bottom: 1px solid black; width: 150px; margin-top: 5px;"></div>
DEFINITION:
The six-digit UPIN number.

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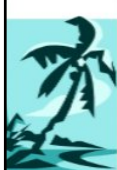
MO080

- RN must perform SOC unless Therapy only case
- If RN and PT assigned to complete discharge assessment, discipline last seeing patient is responsible

OASIS ITEM:
<div style="display: flex; justify-content: space-between;"> (M0080) Discipline of Person Completing Assessment: <input type="checkbox"/> 1-RN <input type="checkbox"/> 2-PT <input type="checkbox"/> 3-SLP/ST <input type="checkbox"/> 4-OT </div>
DEFINITION:
Identifies the discipline of the clinician completing the comprehensive assessment at the specified time points or the clinician reporting the transfer to an inpatient facility or death at home. LPNs, PTAs, COTAs, MSWs and home health aides do not meet the requirements specified in the comprehensive assessment regulation for disciplines authorized to complete the comprehensive assessment.

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MO090

- Actual date of assessment completion
- For RFA 6,7,8, date agency learned of event


OASIS ITEM:

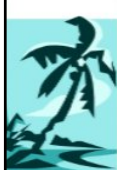
(M0090) Date Assessment Completed: / / —
 month day year

DEFINITION:

The actual date the assessment is completed. If agency policy allows assessments to be performed over more than one visit date, the last date (when the assessment is finished) is the appropriate date to record.

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MO100

OASIS ITEM:

(M0100) This Assessment is Currently Being Completed for the Following Reason:

Start/Resumption of Care

☐ 1 – Start of care—further visits planned

☐ 3 – Resumption of care (after inpatient stay)

Follow-Up

☐ 4 – Recertification (follow-up) reassessment [Go to M0110]

☐ 5 – Other follow-up [Go to M0110]

Transfer to an Inpatient Facility

☐ 6 – Transferred to an inpatient facility—patient not discharged from agency [Go to M0830]

☐ 7 – Transferred to an inpatient facility—patient discharged from agency [Go to M0830]

Discharge from Agency — Not to an Inpatient Facility


☐ 8 – Death at home [Go to M0906]

☐ 9 – Discharge from agency [Go to M0200]


DEFINITION:

Identifies the reason why the assessment data are being collected and reported. Accurate recording of this response is important as the data reporting software will accept or reject certain data according to the specific response that has been selected for this item.

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Two-Day OASIS Training




When does OASIS get collected?


- Time points regulated by the Conditions of Participation and OASIS data collection requirements

OASIS Reasons for Assessment or RFAs

- SOC (RFA 1)
- ROC (RFA 3)
- Follow-up
 - Recertification (RFA 4)
 - Other Follow-up (RFA 5)
- Transfer to Inpatient Facility
 - Not Discharged (RFA 6)
 - Discharged (RFA 7)
- Discharge from Agency—not to an Inpatient Facility
 - Death at home (RFA 8)
 - Discharge from agency (RFA 9)

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OASIS Timing

RFA * Type	RFA Description	Assessment Completed	Locked Date	Submission Timing		
01	SOC - further visits planned	Within 5 calendar days after the SOC Date (SOC = Day 0)	Effective 6/21/2006 No required lock date	Effective 6/21/2006 Transmission required within 30 calendar days of completing the assessment (M0090)		
03	ROC - after inpatient stay	Within 2 calendar days of the facility discharge date or knowledge of pt's return home	↓	↓		
04	Recertification - F/U	The last 5 days of every 60 days, i.e., days 56-60 of the current 60-day period.				
05	Other F/U	Complete assessment within 2 calendar days of identification of significant change of patient's condition				
06	Transferred to Inpatient Facility - not discharged from agency	Within 2 calendar days of the disch/trans/death date or knowledge of a qualifying transfer to inpatient facility				
07	Transferred to Inpatient Facility - discharged from agency	Within 2 calendar days of the disch/trans/death date or knowledge of a qualifying transfer to inpatient facility				
08	Died at home	Within 2 calendar days of the disch/trans/death date				
09	Discharged from agency; Not to Inpatient Facility	Within 2 calendar days of the disch/trans/death date				
<small>* RFA= Reason for Assessment RFA 02 and RFA 10 are no longer required records and are rejected by the state system</small>						

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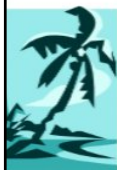


OASIS

RFA 1 - SOC

- OASIS data items are part of the SOC comprehensive assessment
- Must be conducted during a home visit
- Completed within 5 days after SOC date

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OASIS

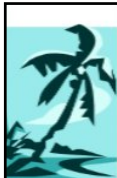
RFA 3 - ROC

- Following an inpatient stay of 24 hours or longer
- For reasons other than diagnostic tests
- Requires home visit
- Must be completed within two calendar days of patient's return home (or knowledge of the patient's return home)

(OASIS Assessment Reference Sheet)
(CMS Q&As Cat. 2 Q2)

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OASIS


RFA 4 - Recertification (Follow-up)

- Comprehensive assessment during the last five days of the 60-day certification period
- Requires a home visit
- If agency misses recert window, but still provides care
 - Do not discharge and readmit
 - **Make a visit** and complete Recertification Assessment as soon as oversight identified
 - MO090 = the date the assessment completed
 - A warning message will result
 - Explain circumstances in clinical documentation

(CMS Q&As Cat 3 Q11)

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OASIS


RFA 5 - Other Follow-up


- Comprehensive assessment due to a major decline or improvement in patient condition
 - At time other than during last five days of the episode or when another OASIS assessment is due
 - Requires a home visit
 - Updates the patient's plan of care
 - Policies regarding trigger for RFA 5 must be determined by individual agencies
- Must be completed within two calendar days of identification of major change in patient's condition
- Agency may call this a "SCIC" assessment
 - Significant Change in Condition

(CMS Q&As Cat 3 Q12)

(OASIS Assessment Reference Sheet)

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OASIS

RFA 6 - Transfer to Inpatient Facility, (*Not Discharged*)

- All three criteria must be met
 - Transferred and admitted to inpatient facility
 - Stay of 24 hours or longer (in the inpatient bed, not ER)
 - Reasons other than diagnostic tests
- Must be completed within two calendar days of transfer date (MO906) or knowledge of transfer that meets criteria
- Agency's choice to place "on hold" (vs. D/C)
- Does not require a home visit
- If patient does not return to HHA after inpatient admission, no further assessment required
- This data collection triggers the Acute Care Hospitalization utilization outcome measure

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OASIS


RFA 6 - Transfer to Inpatient Facility, (*Not Discharged*)

- You make a routine visit and discover the patient had a qualifying stay in an inpatient facility and did not inform you.
 - Within two calendar days of knowledge of transfer
 - Complete the RFA 6—Transfer to Inpatient Facility
 - Then, complete the RFA 3—ROC

(CMS OASIS Q&As Cat 4b Q23.3)

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OASIS

RFA 7 - Transfer to Inpatient Facility, (*Discharged from Agency*)

- Same as RFA 6, but agency decides to discharge patient
 - May be close to end of 60-day episode and patient condition is such that returning home during episode is highly unlikely

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OASIS


RFA 8 - Death at Home

- RFA 8 Death at Home = Death anywhere except:
 - Inpatient facility
 - The ER

(OASIS Assessment Reference Sheet)
- If Patient dies in ER or in inpatient facility (before or after 24 hours)
 - NOT an RFA 8 Death at Home
 - Complete RFA 7 Transfer to Inpatient Facility
 - Usual requirements for RFA 7 waived
 - » Admission to an inpatient facility
 - » 24 hours or greater
 - » for reasons other than diagnostic testing

(CMS Q&As Cat. 2 Q22)

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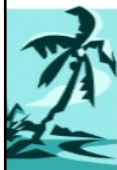


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RFA 8 – Death at Home

- Must be completed within two calendar days of death date (MO906)
- Does not require a home visit

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Discharge from Agency

- Not due to an inpatient facility admission
- Not due to death
- Must be completed within two calendar days of discharge date (MO906) or knowledge of discharge
- Visit is required to complete this assessment

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Unexpected or Unplanned Discharge from Agency

- Examples
 - Patient sees physician and physician orders discharge from agency
 - Patient refuses further home care and won't allow final discharge visit
 - Patient moves unexpectedly

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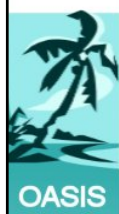
Unexpected or Unplanned Discharge From Agency

- Requirements must be met
 - Discharge Assessment must report patient status at an actual visit—*not on information gathered during a telephone call*
 - Assessment data should be based on the last visit conducted by a qualified clinician—RN, PT, OT, SLP
 - Don't include events that occurred after the last visit by a qualified clinician (e.g. ER visit, foley DC, change in med/tx regimen)

(CMS Q&As Cat 2 Q37[3] & Cat 4b Q181.3)

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Getting It Right

- You can't just read the MO item and think you know what it means
- You must understand and follow the data collection rules
 - Chapter 8—OASIS User's Manual
 - Additional guidance provided through Q&As
 - CMS OASIS Q&As at www.qtso.com Web site
 - CMS OASIS OCCB Q&As at www.oasiscertificate.org Web site

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*All Medicare beneficiaries **have the right to appeal their discharge** from a hospital, skilled nursing facility, home health agency, or comprehensive outpatient rehabilitation facility. For more information, go to <http://www.hsag.com/azmedicare> or call 1.800.359.9909.*